

## **Longitudinal Coordination of Care (LCC) Pilots Workgroup**

Improving transitions of patients across acute and long-term and post-acute care settings has been a key driver of recent healthcare reform initiatives and regulations. Ineffective care transitions are widely recognized as major contributors to poor quality and waste. Gaps in treatment and poor communication between provider groups and between providers and patients have been shown to diminish patient health and increase costs. The Meaningful Use (MU) Electronic Health Record (EHR) Incentive Program addresses this gap by introducing two new measures to improve care coordination during Transitions of Care (ToC): 1) Medication reconciliation during ToC; and 2) Exchange of Summary of Care Record for ToC/referrals.

The Office of the National Coordinator for Health Information Technology (ONC) Standards and Interoperability (S&I) ToC Initiative emerged to identify and develop the standards that would enable the electronic exchange of core clinical information among providers, patients and other authorized entities so that Stage 1 and Stage 2 MU ToC requirements could be met. The ToC Initiative identified health information exchange standards used in certified EHR technology by eligible professionals (EPs) and hospitals (EHs) to meet meaningful use requirements. These exchange requirements do not address many needed interdisciplinary interventions nor do they support care planning across the continuum of care. This limitation highlights a critical gap in both the provider and patient populations in the MU Program.

The S&I Longitudinal Coordination of Care (LCC) Initiative builds on the ToC Initiative standards and aims to address identified gaps in transitions of care and care planning. By Spring 2014, the LCC Initiative will, in collaboration with the standards development organization HL7, publish new standards to help address outstanding gaps in the form of revisions to the Consolidated Clinical Document Architecture (C-CDA) templates: transfer summary, consultation request, consult note, and Care Plan (including the Home Health Plan of Care (HHPoC)).

To ensure that the guide is both deployment-ready and implementer-friendly prior to widespread adoption, the LCC initiative has established the LCC Pilots Workgroup (LCC Pilots WG). This WG will demonstrate and improve the implementation-readiness of the LCC standards in a production (or near-production) environment.

This Wiki contains background on the LCC Initiative: <a href="http://wiki.siframework.org/Longitudinal+Coordination+of+Care+%28LCC%29">http://wiki.siframework.org/Longitudinal+Coordination+of+Care+%28LCC%29</a>

## **Value Statement for Participating Entities**

The implementation of consensus driven standards for the longitudinal coordination of care is expected to improve efficiencies and promote collaboration by:

• Supporting continuity and quality of care through the timely transition of relevant clinical information at the start of care and as the patient's condition changes

- Improving provider's workflow by enabling secure, single-point data entry for ToC and Care Plan exchange
- Eliminating the large amount of time wasted in phone tags and the frustrations on the side of the receiving provider in not obtaining care transition and care planning information in a timely manner
- Reducing paper and fax, and corresponding manual processes during a ToC, Care Plan or HHPoC exchange
- Enabling sending and receiving provider groups to initiate changes for patient interventions more promptly

## Benefits of Participation as an LCC Pilot Site

The S&I Steering Team is seeking broad participation—by providers, HIT vendors, States and other interested parties—in LCC pilots. LCC pilot participants could realize several benefits, including but not limited to:

- **Ability to leverage initiative resources.** Build on the expertise, tools and any open-source code developed through the LCC Pilots WG to create a better, faster, and higher quality implementation.
- Demonstrate compliance and increase efficiency of development and maintenance. Use the LCC C-CDA
  Revisions Implementation Guide to inform changes to existing HIT systems and the process by which
  Transitions of Care and Care Planning information is exchanged between providers and between providers
  and patients. These specifications are being harmonized with a broad consortium of Standards Development
  Organizations (SDOs) including HL7 and IHE.
- **Contribute to the community.** Each pilot has a high profile among Government agencies, ONC grantees, and within the community of volunteers that support the Nationwide Health Information Network.
- **Be recognized as an early adopter.** Use participation in this important national initiative to heighten your organization's name recognition.

## **LCC Pilots - How to Get Started**

To be considered for participation as an LCC Pilot Site, please follow the instructions below. You will be asked to complete a brief online Pilot Interest Survey and a Pilot Plan template (Word or PPT).

- Register as a committed member on the LCC initiative http://wiki.siframework.org/Statement+of+Commitment+Tracker
- Complete the LCC Pilot Interest Survey form http://wiki.siframework.org/LCC+Pilot+Interest+Survey
- 3. Complete the LCC Pilot Plan template to present your participation proposal http://wiki.siframework.org/LCC+Pilots+WG#Pilot%20Materials